AN ENHANCED ATTRIBUTE-BASED PRETTY GOOD PRIVACY FILE ENCRYPTION FOR DATA SECURITY IN ELECTRONIC MEDICAL RECORDS

EDOSOMWAN, IMUETINYAN BOMA (11CH012188)

B. Sc Management Information System, Covenant University, Ota.

AN ENHANCED ATTRIBUTE-BASED PRETTY GOOD PRIVACY FILE ENCRYPTION FOR DATA SECURITY IN ELECTRONIC MEDICAL RECORDS

BY

EDOSOMWAN, IMUETINYAN BOMA (11CH012188)

B. Sc Management & Information System, Covenant University, Ota.

A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF SCIENCE (M.Sc) DEGREE IN MANAGEMENT AND INFORMATION SYSTEM IN THE DEPARTMENT OF COMPUTER AND INFORMATION SCIENCES, COLLEGE OF SCIENCE AND TECHNOLOGY, COVENANT UNIVERSITY, OTA, OGUN STATE, NIGERIA

OCTOBER, 2020

ACCEPTANCE

This is to attest that this dissertation was accepted in partial fulfilment of the requirements for the award of Master of Science (M.Sc.) degree in Management Information Systems in the Department of Computer and Information Science, College of Science and Technology, Covenant University, Ota, Ogun State, Nigeria.

Miss. Adefunke F. Oyinloye (Secretary, School of Postgraduate Studies)

Signature and Date

Prof. Akan B. Williams (Dean, School of Postgraduate Studies)

Signature and Date

DECLARATION

I hereby declare that this dissertation entitled "AN ENHANCED ATTRIBUTE-BASED PRETTY GOOD PRIVACY FILE ENCRYPTION FOR DATA SECURITY IN ELECTRONIC MEDICAL RECORDS" was carried out by EDOSOMWAN, IMUETINYAN BOMA with matriculation number 11CH012188. The project is centered on an original study in the Department of Computer and Information Sciences, College of Science and Technology, Covenant University, Ota, Ogun State, Nigeria, under the supervision of Prof. Victor Chukwudi Osamor. Concepts of this research project are the results of the research carried out by EDOSOMWAN IMUETINYAN BOMA, ideas of other researchers have also been fully recognized.

EDOSOMWAN, IMUETINYAN BOMA

Signature and Date

CERTIFICATION

We certify that this dissertation titled "AN ENHANCED ATTRIBUTE-BASED PRETTY GOOD PRIVACY FILE ENCRYPTION FOR DATA SECURITY IN ELECTRONIC MEDICAL RECORDS" is an original work carried out by EDOSOMWAN, IMUETINYAN BOMA (11CH012188) in the Department of Computer and Information System, College of Science and Technology, Covenant University, Ota, Ogun State, Nigeria under the supervision of Prof. V.C. Osamor. We have examined and found this work acceptable as part of the requirements for the award of Master of Science in Management Information System.

Prof. Victor C. Osamor (Supervisor)

Signature and Date

Prof. Olufunke O. Oladipupo (Head of Department)

Signature and Date

Prof. Olusegun Folorunsho (External Examiner)

Signature and Date

Prof. Akan B. Williams (Dean, School of Postgraduate Studies)

Signature and Date

DEDICATION

I dedicate this dissertation to my Heavenly Father-the source of all wisdom, strength and knowledge. I also dedicate it to my parents Mr. and Mrs. Bola Edosomwan and my siblings.

ACKNOWLEDGEMENT

First and foremost, I want to thank God Almighty for his grace to start and complete this programme successfully. Secondly, my appreciation goes out to my wonderful parents Mr. and Mrs. Bola Edosomwan and my siblings for their unflinching support physically, financially, spiritually and morally from the beginning to the successful completion of the programme.

My sincere gratitude goes to the Chancellor of Covenant University, Dr. David Oyedepo, for receiving the vision and mission of Covenant University that has today become a reality, and to the entire Management of Covenant University for seeing that the vision has been fulfilled towards accomplishing great excellence through the master's academic programme.

I am very grateful to my supervisor, Prof Victor Chukwudi Osamor, for his patience, support, guidance and supervision throughout my master's programme. I also, want to appreciate him for being a father to me throughout the course of my programme.

I also appreciate the Head of Department of Computer and Information Sciences (CIS), Prof. Ambrose A. Azeta, the PG Coordinator, and the entire faculty members for their productive remarks during the numerous presentations we had during the cause of this work.

Finally, my appreciation goes to my wonderful friends in no particular order; Guembe Blessing, Koyejo Ooreofe, Omoremi Olushola Austin, Ani Osinachi Sylvester, Toro-Abasi Williams, Okezie Fiona, Agono Frank, Bishung Janet, Okezie Chidinma, who worked with me continuously to make this work a reality, and my colleagues for making the journey an enjoyable one despite the challenges we faced throughout the programme.

God richly and abundantly bless you all.

TABLE OF CONTENTS

CONTENT	PAGE
COVER PAGE TITLE PAGE ACCEPTANCE	i ii iii
DECLARATION CERTIFICATION DEDICATION	iv v vi
ACKNOWLEDGEMENT TABLE OF CONTENTS	vii
TABLE OF CONTENT LIST OF FIGURES	viii ix
LIST OF TABLES	X
ABSTRACT	xi
CHAPTER ONE:	1
	1
INTRODUCTION 1.1 Background Information	1
1.2 Statement Of The Problem	6
1.3 Aim And Objectives Of The Study	8
1.4 Research Methodology	8 10
1.5 Significance Of The Study1.6 Scope Of The Study	10
1.7 Contribution To Knowledge	10
1.8 Organisation Of The Dissertation	10
CHAPTER TWO	12
LITERATURE REVIEW	12
2.1 Medical Records	12
2.1.1 Significance Of Medical Records	15
2.1.2 Challenges Affecting Medical Records	16
2.2 Health Information System	17
2.3 Electronic Medical Records (Emr) 2.3 I Emr Panefits Drawbacks And Implementation Challenges	18
2.3.1 Emr Benefits, Drawbacks And Implementation Challenges2.3.2 Electronic Medical Record In Africa	18 20
2.3.3 Electronic Medical Record In Nigeria	22
2.4 The Concept Of Cryptography	24
2.4.1 History Of Cryptography	27
2.4.2 Various Cryptographic Algorithms	27
2.4.2.1 Data Encryption Algorithm (Des)	30
2.4.2.2 Triple Data Encryption Algorithm (3des)	30
2 4 2 3 Cast-128	31

2.4.2.4 Blowfish	31
2.4.2.4 International Data Encryption Algorithm (Idea)	32
2.4.2.5 Advanced Encryption Standard (Aes)	32
2.4.2.6 Rc6	32
2.4.2.7 Rivest-Shamir-Adleman (Rsa)	33
2.4.3 Benefits And Drawbacks Of Cryptography	36
2.5.4 Cryptography Application Areas	37
2.4.5 The Concept Of Pretty Good Privacy	37
2.4.6 Applications Of Pretty Good Privacy	39
2.5 Mobile Devices2.5.1 Mobile Device Penetration In Nigeria	39 40
2.6 Related Works	42
CHAPTER THREE	45
RESEARCH METHODOLOGY 3.1 Overview Of The Current And Proposed System 3.2 Adapted Framework 3.3 Proposed Framework 3.4 System Architecture 3.5 Rivest-Shamir-Adleman Key Generation Algorithm 3.6 File Decryption Authentication Pseudo Code 3.7 Algorithm Implemented In The Emr 3.8 Identification Of The Requirement Specification And Implementation Tools 3.8.1 Functional Requirements 3.8.2 Non-Functional Requirements 3.8.3 Implementation Tools	45 46 47 48 50 51 53 54 60 62
3.8.3.1 Programming Languages	62
3.8.3.2 Patients' Database	63
3.8.3.3 Doctors' Database	63
3.8.4 System Requirement	63
3.8.4.1 Hardware Requirement	63
3.8.4.2 Software Requirement	63
3.9 Mapping Of Requirements To System Modules3.10 System Requirement Modelling3.10.1 Logical view	63 65 66
3.10.2 Implementation view	66
3.10.3 Deployment view	66
3.10.4 Process view	66
3.10.5 Use case view	67
3.11 System Modelling Diagrams	67

APPENDIX A SYSTEM EVALUATION QUESTIONNAIRE APPENDIX B LAVA CODE FOR FILE SELECTION ENCRYPTION AND DECRYPTION	136 136 139
REFERENCES	128
6.1 Summary6.2 Conclusion6.3 Contribution To Knowledge6.4 Recommendations And Future Work	125 125 126 127
CONCLUSIONS AND RECOMMENDATIONS	125
CHAPTER SIX	125
DISCUSSION5.1 Iso 25010 Usability Evaluation5.2 Discussion5.3 Observations Made During Research	115 115 115 123
CHAPTER FIVE	115
4.5 System Usability Evaluation Using Iso 25010 Usability Model 4.5.1 Survey Results Collected From Users	100 108
4.4.4 The Database Management System	100
4.4.3 Xampp	100
4.4.1 Netbeans Integrated Development Environment4.4.2 Programming Language	99 99
 4.1 Results Gathered From Initial Field Survey 4.2 Analysis Of Results From Semi-Structured Interview 4.3 Screenshots Of The Proposed Prototype System 4.4 Implementation tools 4.4 1 Netherns Interpreted Development Environment 	77 90 92 99
CHAPTER FOUR RESULTS	77 77
3.12 Data Modelling	75
3.11.7 State Diagram	74
3.11.6 Sequence Diagram	72
3.11.5 Deployment Diagram	71
3.11.4 Component Diagram	70
3.11.3 Class Diagram	69
3.11.2 Activity Diagram	68
3.11.1 Use Case Diagram	67

LIST OF FIGURES

FIGUI	RES LIST OF FIGURES	PAGES
Figure 2.1: Ch	nallenges to the implementation of EMRS in Nigerian general hospitals	20
Figure 2.2: Di	agram of the healthcare delivery system in Nigeria	23
Figure 2.3: Ba	asic cryptography diagram	25
Figure 2.4: Si	ngle key or symmetric cryptography	26
Figure 2.5: Pu	iblic key cryptography	27
Figure 2.6: Cl	assification of cryptographic algorithm	30
Figure 2.7: Cr	ryptographic algorithms key size (bits)	36
Figure 2.8: Th	ne working of PGP encryption technique	38
Figure 2.9: PC	GP encryption and decryption process	38
Figure 2.10: N	Mobile device penetration in Nigeria	40
Figure 2.11: U	Jnique mobile users in Nigeria	41
Figure 2.12: N	Most mobilized country	41
Figure 3.1: W	orkflow of the methodology	45
Figure 3.2: So	chema of the proposed system	47
Figure 3.3: Ac	dapted framework	48
Figure 3.4: Pr	oposed framework of the electronic medical record system	50
Figure 3.5: Sy	stem architecture of the electronic medical record system	51
Figure 3.6: F	ile decryption authentication	54
Figure 3.7: 4+	-1 architectural view model	66
Figure 3.8: Us	se case diagram for the electronic medical record system	67
Figure 3.9: Ad	ctivity diagram for the electronic medical record system	68
Figure 3.10: C	Class diagram for the electronic medical record system	69
Figure 3.11: 0	Component diagram of the electronic medical record system	70
Figure 3.12: I	Deployment diagram for the electronic medical record system	71
Figure 3.1: Se	equence diagram for the EMRS the doctor's perspective	72
Figure 3.14	Sequence diagram for the EMRS the patient's perspective	73
Figure 3.15	State diagram for the electronic medical record system	74

Figure 4.1: Pie chart of presence of electronic medical record system	90
Figure 4.2: Pie chart of frequency of use of electronic medical record system	91
Figure 4.3: Screenshots of the doctor/admin login page	92
Figure 4.4: Screenshots of the patient login page	92
Figure 4.5: Screenshots of the doctor/admin registration page	93
Figure 4.6: Screenshots of the doctor/admin update page	94
Figure 4.7: Screenshots of the patient registration page	94
Figure 4.8: Screenshots of the patient registration page showing the full list of patients	95
Figure 4.9: Screenshots of the patient management page	95
Figure 4.10: Screenshots of the patient medical record page	96
Figure 4.11: Screenshots of the patient medical record page	96
Figure 4.12: Screenshots of the patient medical record page	97
Figure 4.1: Screenshots of the patient medical record page	97
Figure 4.14: Screenshots of the encryption and decryption pages	98
Figure 4.15: Screenshots of the encryption and decryption pages	98
Figure 4.1: ISO 25010 model	101
Figure 4.17: Pie chart of years of operation	104
Figure 4.18: Pie chart of patient size distribution	104
Figure 4.1: Pie chart of EMR awareness	105
Figure 4.20: Pie chart of EMR current usage	105
Figure 4.21: Pie chart of cryptography awareness	106
Figure 4.22: Pie chart of previous use of cryptographic enabled EMR	106
Figure 4.23: Bar chart of the functional suitability results	108
Figure 4.2: Bar chart of performance efficiency results	109
Figure 4.25: Bar chart of the compatibility results	109
Figure 4.26: Bar chart of the usability results	110

Figure 4.2: Bar chart of the reliability results	110
Figure 4.28: Bar chart of the security results	111
Figure 4.29: Bar chart of the maintainability results	111
Figure 4.30: Bar chart of the portability results	112
Figure 5.1: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for functional suitability	116
Figure 5.2: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for performance efficiency	117
Figure 5.3: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for compatibility	118
Figure 5.4: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for usability	119
Figure 5.5: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for reliability	120
Figure 5.6: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for security	121
Figure 5.7: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for maintainability	122
Figure 5.8: Bar chart of comparison in numeric ratio between the positive, neutral and	negative
feedback for portability	123

LIST OF TABLES

TABLES	LIST OF TABLES	PAGES
Table 1.1: Comparison Of	Cryptographic Algorithms On Various Parameters	5
Table 1.2: Tabular Mapping	g Between The Research Objectives And The Research	
Methodology		9
Table 2.1: Selected Open S	ource Electronic Medical Record Systems Available In	Africa 21
Table 2.2: Electronic medic	cal record implementation in some African countries	22
Table 2.3: Implementation	of open MRS in some Nigerian hospitals	24
Table 2.4: An atbash cipher	r	28
Table 2.5: A skytale cipher		28
Table 2.6: The Polybius squ	uare	29
Table 2.7: The Ceasar cipho	er	29
Table 2.8: Comparison of c	cryptographic algorithms based on various parameters	35
Table 3.1: Hardware requir	ements	63
Table 3.2: Requirements an	nd description	63-64
Table 3.3: Module and requ	nirements	65
Table 3.4: Doctors table		74
Table 3.5: Patients table		75
Table 4.1: Semi- structured	interview questions	76
Table 4.2: Result of the hos	spital digitization level	77-88
Table 4.3: Statistics of pres	ence of electronic medical record systems	89
Table 4.4: Statistics of freq	uency of use of electronic medical record systems	91
Table 4.5: Statistics of hosp	pitals personal data	102
Table 4.6: Statistic result for	or personal data of hospitals	107
Table 4.7: A summary of th	ne result from the questionnaire	107
Table 4.8: Usability evalua	tion results collected from users	112-114

ABSTRACT

Whenever an individual uses a service, registers for email, completes a financial transaction or goes to a doctor, Some level of personal information has to be provided. The fact remains that whether or not you are aware specific data and information about you is captured and stored by both government and non-governmental agencies. Citizens have to develop a level of trust in both government and other sectors that the data they provide is secure and will be kept confidential. Hence, it is the role of these agencies to adopt data protection practices that will limit or completely eliminate data exploitation, manipulation and theft. The health sector in Nigeria continues to be a victim of data theft or mismanagement of patient medical data and this is credited to the poor and terrible way personal data are managed including poor medical record management system. Over the years there have been reoccurring cases of missing medical records or mismanaged record keeping in healthcare organizations which often leads to legal actions against such healthcare organizations or use of patient data for malicious intent. In order to overcome this, the patient record system must be protected to thwart off multiple duplicitous behaviours and ensure confidentiality and reliability. Cryptography presents various methods and cryptographic algorithms to ensure security in file transfer and secure record management. Thus, the aim of this study is to propose a cryptographic enabled Electronic Medical Record system that utilizes the concept of random key generation. The study investigated 50 hospital and primary health care centres in Alimosho Local Government Area of Lagos State to assess the level of digitalization of medical records which directly impacts on data privacy and security. The proposed system is evaluated using the ISO 25010 usability model which analyses eight (8) various constructs which are functional performance efficiency, compatibility, usability, reliability, security, maintainability and portability. Based on these constructs, a questionnaire will be designed and distributed for hospital review on the proposed system and the results will be analysed with the help of SPSS software. It was discovered that large number of hospitals and primary healthcare centres are not digitize raising great concerns on the implementation of data security in treatment centres. The overall results should show that the proposed system has a good usability rating which ultimately implies that it can be utilized in a healthcare organization for safe record management and secure file transfer and future recommendation for EMR as Cloud-native application.

Keywords: Electronic Medical Records (EMR), Cryptography, Cloud Computing, Pretty Good Privacy encryption technique, Data privacy.